

**NC DHHS – NC DMH/DD/SAS
Child/Adolescent Day Treatment (MH/SA)
Endorsement Check Sheet Instructions**

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. Because Day Treatment is a licensed service, the provider is not required to submit a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. However, the documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

Provider Requirements

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a. After January 1, 2011,** review documents that evidence that the Department of Health and Human Services has
 - certified a minimum of one of the provider's sites as a Critical Access Behavioral Health Agency, **OR**
 - completed a desk review of the provider's CABHA application packet and the provider has successfully met the CABHA desk review requirements.
- b.** Providers must demonstrate evidence of facility licensure according to 10A NCAC 27G .1400 or 10A NCAC 27G .3700 for a Day Treatment program that is substance abuse focused, and the provision of this facility based service in a structured program setting appropriate for the developmental level of children/adolescents ages 5-17 years (18 or under for those eligible for Health Choice and 20 or younger for those eligible for Medicaid) served. Review policy and procedure manuals and program descriptions for language demonstrating that developmentally appropriate services are delivered in a structured setting within a licensed facility.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the “Program/Clinical Requirements” section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency’s policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical review. The credentials and qualifications of any additional or ancillary staff hired in the time between the clinical interview and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

a., b., c., and d.

The staff hired must include:

- a. A full time Program Director who meets requirements specified in rule for a Qualified Professional (QP) and has a minimum of two years experience in child and adolescent MH and/or SA treatment services. The Program Director must be actively involved in program development, implementation and service delivery;
- b. A minimum ratio of one FTE QP to every six enrolled recipients is required to be present at all times. QP must have knowledge, skills and abilities required by population and age served and

must be actively involved in service delivery; the Program Director may serve as one of the QPs in the staff to recipient ratio;

- c. Minimum of one additional full time equivalent (FTE) Qualified Professional, Associate Professional (AP) or Paraprofessional (PP) for every 18 enrolled recipients beginning with the 18th enrolled recipient; (For example, programs with 18 – 35 recipients require one additional FTE; programs with 36 – 53 recipients require two additional FTEs.)
- d. Minimum of .5 FTE dedicated Licensed Professional to every 18 enrolled recipients who must be actively involved in service delivery. If a Provisionally Licensed Professional fills this position, the staff must be fully licensed within thirty months from the effective date of the policy or from the date of hire (for persons hired after the effective date of the policy). For substance abuse focused programs, the Licensed Professional must be an Licensed Clinical Addictions Specialist (LCAS);

Licensed Professional: For the desk review, review policy and procedure manuals and program descriptions to ascertain that they specify that an individual hired as a Licensed Professional to provide Child and Adolescent Day Treatment services is required to have the skill, knowledge and experience with the population to be served to provide the various interventions required by the position. Review also to ensure that substance abuse treatment focused programs specify an LCAS at the Licensed Professional. Review the provider agency's policy to ensure that when this position is filled by a provisionally licensed individual, it is clear that the expectation of the provider agency is that the individual will become fully licensed within 30 months.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that the individual hired as the Licensed Professional has the skill, knowledge and experience with the population to be served to provide the various interventions required by the position. When reviewing the supervision and training below, review for evidence that an individual who is provisionally licensed has a plan to obtain full licensure within the required time frame.

Qualified Professional: For the desk review, review policy and procedure manuals and program descriptions to verify that they specify that an individual hired as a Qualified Professional to provide Child and Adolescent Day Treatment services is required to have the skill, knowledge and experience with the population to be served to coordinate initial and ongoing assessment activities, to develop the PCP, to perform ongoing monitoring of PCP implementation and to revise the PCP as needed.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that individual hired as the Qualified Professional has the skill, knowledge and experience with the population to be served to coordinate initial and ongoing assessment activities, to develop the PCP, to perform ongoing monitoring of PCP implementation and to revise the PCP as needed.

Associate Professional: For the desk review, review policy and procedure manuals and program descriptions to confirm that they specify that an individual hired as an Associate Professional to provide Child and Adolescent Day Treatment services is required to have the skill, knowledge and experience with the population to be served to provide the various interventions required by the position. Associate Professionals may deliver services under the supervision of a QP, LCAS or CCS according to 10 NCAC 27G .0203.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that individual hired as the Associate Professional has the skill, knowledge and experience with the population to be served to provide the various interventions required by the position.

Paraprofessional: For the desk review, review policy and procedure manuals and program descriptions to verify that they specify Paraprofessionals hired to provide Child and Adolescent Day Treatment services are required to have the skill, knowledge and experience with the population to be served to provide the various interventions required by the position. Paraprofessionals may deliver services under the supervision of an AP, QP, LCAS or CCS according to 10 NCAC 27G .0104.

For the clinical interview, on site and/or 60 day reviews, review employee applications, resumes, certifications, and training for evidence that an individual hired as the Paraprofessional has the skill, knowledge and experience with the population to be served to provide the various interventions required by the position.

Other: Policy, personnel and procedure manuals must contain language that demonstrates that the Child and Adolescent Day Treatment Program Director is on site and is actively involved in the program implementation and delivery of services. In addition, the Director must coordinate the educational and therapeutic services and supports with the family, local education agency (LEA-public/other school) and other providers. Review job descriptions and scope of work for language demonstrating program expectation.

When indicated by the population to be served, staffing qualifications must also reflect the ability to meet consumer needs specific to substance related disorders and/or to those children with needs related to developmental disabilities.

- e. Review policy and procedure manuals and program descriptions to verify that they specify that staffing ratios and coverage are adequate for the needs of the program per the service definition requirements.

Staffing at a minimum must be:

- A ratio of one QP to every six recipients to be present at all times (the Program Director may serve as one of the QPs in the staff to recipient ratio)
- Two staff present with children at all times. (Exception: one staff may be present when only one recipient is present);

AND

- A configuration that is adequate to anticipate and meet consumer needs.

- f. Review policy and procedure manuals, and personnel manuals to confirm that they contain language that demonstrates the expectations that the Child and Adolescent Day Treatment provider agency ensures the supervision of LP, QP, AP and paraprofessional staff

- based on their level of education, skill and experience
- consistent with position requirements and responsibilities in 10 NCAC 27G .0203 and 10 NCAC 27G .0204
- consistent with certification and/or licensure requirements of the appropriate discipline.

Review of job descriptions for language demonstrating supervision expectations.

g. Review employee training, supervision plans, or other documentation demonstrating that training has been scheduled and/or received according to the service definition and that it is consistent with the role of the level of the staff providing Child and Adolescent Day Treatment Services.

Twenty (20) hours must be completed within 30 days of each staff person's hire to provide the service.

- Three (3) hours of service definition components
- Six (6) hours of Person Centered Thinking
- Three (3) hours of crisis response
- Eight (8) hours of Introduction to SOC and Child & Family Team process
- All introductory and follow up training required by the clinical model(s) or evidence-based treatment(s) consistent with best practice

In addition, the Licensed Professional and any Qualified Professional responsible for the development of the Person Centered Plan must have:

- Three (3) hours of PCP Instructional Elements

Service Type/Setting

The elements in this section pertain to the provider's understanding of the Child and Adolescent Day Treatment Services and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation that is within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements. Note: The Day Treatment Program must operate each day that the schools in the local education agency are in operation, and the Day Treatment operating hours shall cover at least the range of hours that the LEAs, private or charter schools operate.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, include a review of consumer records and other items necessary to determine that Day Treatment has been made available to each consumer a minimum of three hours per day during all days of operation. Record review and program schedule should reflect that at least 75% of the treatment services per week are provided in the on-site licensed setting with or on behalf of the consumer. Review the consumers' addresses of residence documented in the service records and on the PCP.

a. Review for language demonstrating that:

- Day Treatment services are provided a minimum of three hours per day during all days of operation,
- the Day Treatment Program operates each day the schools in the local education agency, private school or charter school are in operation,
- the Day Treatment Program operates during at least during the same hours as the LEA

- b. Review documentation that demonstrates that at least 75% of the treatment services per week for an individual recipient shall be provided in the on-site licensed setting. Review program operations schedule and staffing schedule. Make sure that in determining compliance, the provider agency work week is the frame of reference.
- c. Review documentation that specifies that Day Treatment services shall be provided in a setting separate from the consumer's residence. Providers must demonstrate evidence that the recipient resides at a location other than the facility licensed according to 10A NCAC 27G .1400 or 10A NCAC 27G .3700.

Program Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition, the clinical model(s) or evidence-based treatment(s) consistent with best practice selected by the provider agency and according to individual needs identified in the PCP.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of best practice and the identification of a clinical model(s) or evidence-based treatment(s) consistent with best practice that can be delivered with fidelity within this service.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the service and best practice. Review documentation to determine clinical integrity, coordination with family and local education agencies and other services and supports in delivery of services and documented interventions that indicate fidelity to the clinical model(s) or evidence-based treatment(s) consistent with best practice

- a. Program description and policies and procedures and daily plans clearly name the identified best practice clinical model(s) or evidence-based treatment(s) consistent with best practice chosen for service delivery. Service delivery is implemented in a manner that is consistent with the identified best practice model. The staff responsibilities, schedule and ratio indicate fidelity to the clinical model(s) or evidence-based treatment(s) consistent with best practice chosen as well as to the requirements of the service definition. The training requirements have been identified and completed or scheduled.

After 60 days, review consumer records and other items necessary to determine that Day Treatment has been delivered in a collaborative manner with fidelity to the clinical model(s) or evidence-based treatment(s) consistent with best practice chosen for service delivery. Service notes should display evidence of progress and positive outcomes for the recipients of the service outlined in the service definition and in accordance with the expected outcomes of the clinical model(s) or evidence-based treatment(s) consistent with best practice chosen.

b.

- 1) Review for protocol that outlines a process for establishing and maintaining a collaborative relationship with the school system. Review the MOA if one is in place. There should be evidence of ongoing collaborative efforts between the Day Treatment provider and the LEA, private or charter school. In the event that a provider operates a Day Treatment program and is also a private or charter school, the provider needs to sign an MOA with only the LME. If the Day Treatment program (which is also a private or charter school) serves children from other LEA(s), private, or charter school(s) then it is recommended that MOA(s) be signed with the responsible LEA(s), private, or charter school(s).
- 2) The roles of Day Treatment staff and educational/academic staff may be established through the MOA among the Day Treatment provider, the Local Management Entity, and the Local Education Agency (or private or charter school as applicable). Designation of educational instruction and treatment interventions is determined based on staff function, credentials of staff, the child's Person Centered Plan, and the IEP/504 plan. Source of staff salary does not necessarily determine educational or treatment determination. Educational instruction is not billable as Day Treatment. Review to ensure that there is no billing for educational instruction.

After 60 days, review for documentation that child and family team (CFT) meetings involve the child and family. Review for evidence that Day Treatment program staff collaborate with the schools prior to admission and throughout service duration. Review service records noting coordination local education agencies (as applicable) and other services and supports in delivery of services off-site of the licensed setting. Review documentation to confirm that Day Treatment staff are providing interventions related only to the therapeutic needs of the recipients.

c.

- 1) Review for documentation that outlines a process for establishing and maintaining a collaborative relationship with other service providers and agencies involved in the recipient's life.

After 60 days, review service records for documentation of child and family team (CFT) meetings and evidence that Day Treatment program staff collaborate with other service providers and agencies prior to admission and throughout service duration. Review should include the PCP and service notes the document coordination with other service providers and agencies, including vocational supports when indicated, in delivery of services off-site of the licensed setting.

- 2) Review for the establishment of protocol relating to the development of the crisis plan. There should be evidence that it is a collaborative effort involving the child, the family, other service providers and the LME. It should clearly indicate how a first responder is identified.

After 60 days, review the service record for the crisis plan and documentation that the planning process was inclusive of all parties with responsibilities in the crisis plan. Review service records for evidence of first responder and 24/7 access to therapeutic interventions (e.g. suicide prevention plan in place and followed in an evening crisis event).

- d.** Review the provider agency's policies and service records for documentation that outlines a process for establishing and maintaining ongoing family involvement in planning and engagement throughout the provision of Day Treatment services.

After 60 days, review service records for documentation of child and family team (CFT) meetings and evidence that Day Treatment program staff include the family in the making of treatment decisions from the time that admission is planned and throughout service duration. Service records must document direct and indirect interventions with the consumer and family.

- e. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. Any individual whose job duties fulfill any part of the FTE positions required for Day Treatment (1 FTE Program Director; 1 FTE QP; the LP; and for programs of 18 or more, 1 FTE QP, AP, or PP) must be interviewed.

Documentation Requirements

a – b. All contacts for Child and Adolescent Day Treatment Services must be documented. A full service note for each date of service, written and signed by at least one of the persons who provided the service is the minimum requirement. Documentation must meet all record and documentation requirements in the *DMH/DD/SA Records Management and Documentation Manual [APSM 45-2]*. Review the provider agency's policy and procedure manuals for language demonstrating the expectation that each full service note per date of service includes all items identified in the service definition.

Review policy and procedure manuals for language that demonstrates that all clinically significant contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.